



House of Representatives

General Assembly

File No. 51

February Session, 2018

Substitute House Bill No. 5038

House of Representatives, March 28, 2018

The Committee on Human Services reported through REP. ABERCROMBIE of the 83rd Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

AN ACT CONCERNING THE GOVERNOR'S BUDGET RECOMMENDATIONS FOR HUMAN SERVICES.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 8-119f of the 2018 supplement to the general
2 statutes is repealed and the following is substituted in lieu thereof
3 (*Effective from passage*):

4 The Commissioner of Housing shall design, implement, operate and
5 monitor a program of congregate housing. For the purpose of this
6 program, the Commissioner of Housing shall consult with the
7 Commissioner of [Social] Rehabilitation Services for the provision of
8 services for persons with physical disabilities in order to comply with
9 the requirements of section 29-271.

10 Sec. 2. Section 17b-650a of the 2018 supplement to the general
11 statutes is repealed and the following is substituted in lieu thereof
12 (*Effective from passage*):

13 (a) There is created a Department of Rehabilitation Services. [The
14 Department of Social Services shall provide administrative support
15 services to the Department of Rehabilitation Services until the
16 Department of Rehabilitation Services requests cessation of such
17 services, or until June 30, 2013, whichever is earlier.] The Department
18 of Rehabilitation Services shall be responsible for providing the
19 following: (1) Services to persons who are deaf or hard of hearing; (2)
20 services for persons who are blind or visually impaired; [and] (3)
21 rehabilitation services in accordance with the provisions of the general
22 statutes concerning the Department of Rehabilitation Services; and (4)
23 services for older persons and their families. The Department of
24 Rehabilitation Services shall constitute a successor authority to the
25 Bureau of Rehabilitative Services in accordance with the provisions of
26 sections 4-38d, 4-38e and 4-39.

27 (b) The department head shall be the Commissioner of
28 Rehabilitation Services, who shall be appointed by the Governor in
29 accordance with the provisions of sections 4-5 to 4-8, inclusive, and
30 shall have the powers and duties described in said sections. The
31 Commissioner of Rehabilitation Services shall appoint such persons as
32 may be necessary to administer the provisions of public act 11-44 and
33 the Commissioner of Administrative Services shall fix the
34 compensation of such persons in accordance with the provisions of
35 section 4-40. The Commissioner of Rehabilitation Services may create
36 such sections within the Department of Rehabilitation Services as will
37 facilitate such administration, including a disability determinations
38 section for which one hundred per cent federal funds may be accepted
39 for the operation of such section in conformity with applicable state
40 and federal regulations. The Commissioner of Rehabilitation Services
41 may adopt regulations, in accordance with the provisions of chapter
42 54, to implement the purposes of the department as established by
43 statute.

44 (c) The Commissioner of Rehabilitation Services shall, annually, in
45 accordance with section 4-60, submit to the Governor a report in
46 electronic format on the activities of the Department of Rehabilitation

47 Services relating to services provided by the department to persons
48 who (1) are blind or visually impaired, (2) are deaf or hard of hearing,
49 [or] (3) receive vocational rehabilitation services, or (4) are older
50 persons or their families. The report shall include the data the
51 department provides to the federal government that relates to the
52 evaluation standards and performance indicators for the vocational
53 rehabilitation services program. The commissioner shall submit the
54 report in electronic format, in accordance with the provisions of section
55 11-4a, to the joint standing committees of the General Assembly having
56 cognizance of matters relating to human services and appropriations
57 and the budgets of state agencies.

58 (d) The functions, powers, duties and personnel of the former
59 Department on Aging, or any subsequent division or portion of a
60 division with similar functions, powers, duties and personnel, shall be
61 transferred to the Department of Rehabilitation Services pursuant to
62 the provisions of sections 4-38d, 4-38e and 4-39.

63 (e) The Department of Rehabilitation Services shall constitute a
64 successor department to the former Department on Aging, in
65 accordance with the provisions of sections 4-38d, 4-38e and 4-39.
66 Wherever the words "Commissioner on Aging" are used in the general
67 statutes, the words "Commissioner of Rehabilitation Services" shall be
68 substituted in lieu thereof. Wherever the words "Department on
69 Aging" are used in the general statutes, the words "Department of
70 Rehabilitation Services" shall be substituted in lieu thereof. Any order
71 or regulation of the former Department on Aging that is in force on the
72 effective date of this section shall continue in force and effect as an
73 order or regulation of the Department of Rehabilitation Services until
74 amended, repealed or superseded pursuant to law.

75 (f) The Governor may, with the approval of the Finance Advisory
76 Committee, transfer funds between the Department of Social Services
77 and the Department of Rehabilitation Services pursuant to subsection
78 (b) of section 4-87 during the fiscal year ending June 30, 2018.

79 (g) The Department of Rehabilitation Services is designated as the

80 State Unit on Aging to administer, manage, design and advocate for
81 benefits, programs and services for older persons and their families
82 pursuant to the Older Americans Act. The department shall study
83 continuously the conditions and needs of older persons in this state in
84 relation to nutrition, transportation, home care, housing, income,
85 employment, health, recreation and other matters. The department
86 shall be responsible, in cooperation with federal, state, local and area
87 planning agencies on aging, for the overall planning, development and
88 administration of a comprehensive and integrated social service
89 delivery system for older persons. The Department of Rehabilitation
90 Services is designated as the state agency for the administration of
91 nutritional programs for elderly persons described in section 17a-302,
92 as amended by this act, the fall prevention program described in
93 section 17a-303a, as amended by this act, the CHOICES program
94 described in section 17a-314, as amended by this act, the Aging and
95 Disability Resource Center Program described in section 17a-316a, as
96 amended by this act, and the Alzheimer's respite program described in
97 section 17b-349e, as amended by this act.

98 Sec. 3. Section 17b-1 of the 2018 supplement to the general statutes is
99 repealed and the following is substituted in lieu thereof (*Effective from*
100 *passage*):

101 (a) There is established a Department of Social Services. The
102 department head shall be the Commissioner of Social Services, who
103 shall be appointed by the Governor in accordance with the provisions
104 of sections 4-5 to 4-8, inclusive, with the powers and duties therein
105 prescribed.

106 (b) The Department of Social Services shall constitute a successor
107 department to the [Department on Aging,] Department of Income
108 Maintenance and the Department of Human Resources in accordance
109 with the provisions of sections 4-38d and 4-39.

110 (c) Wherever the words ["Commissioner on Aging,"] "Commissioner
111 of Income Maintenance" or "Commissioner of Human Resources" are
112 used in the general statutes, the words "Commissioner of Social

113 Services" shall be substituted in lieu thereof. Wherever the words
114 ["Department on Aging,"] "Department of Income Maintenance" or
115 "Department of Human Resources" are used in the general statutes,
116 "Department of Social Services" shall be substituted in lieu thereof.

117 (d) Any order or regulation of the Department of Income
118 Maintenance [,] or the Department of Human Resources [or the
119 Department on Aging] which is in force on July 1, 1993, shall continue
120 in force and effect as an order or regulation of the Department of Social
121 Services until amended, repealed or superseded pursuant to law. [Any
122 order or regulation of the Department on Aging which is in force on
123 the effective date of this section shall continue in force and effect as an
124 order or regulation of the Department of Social Services until
125 amended, repealed or superseded pursuant to law.] Where any order
126 or regulation of said departments conflict, the Commissioner of Social
127 Services may implement policies and procedures consistent with the
128 provisions of public act 93-262 while in the process of adopting the
129 policy or procedure in regulation form, provided notice of intention to
130 adopt the regulations is [printed in the Connecticut Law Journal]
131 posted on the eRegulations System within twenty days of
132 implementation. The policy or procedure shall be valid until the time
133 final regulations are effective.

134 [(e) The functions, powers, duties and personnel of the Department
135 on Aging, or any subsequent division or portion of a division with
136 similar functions, powers, personnel and duties, shall be transferred to
137 the Department of Social Services pursuant to the provisions of
138 sections 4-38d, 4-38e and 4-39.

139 (f) The Governor may, with the approval of the Finance Advisory
140 Committee, transfer funds between the Department on Aging and the
141 Department of Social Services pursuant to subsection (b) of section 4-
142 87 during the fiscal year ending June 30, 2018.]

143 Sec. 4. Section 17b-2 of the 2018 supplement to the general statutes is
144 repealed and the following is substituted in lieu thereof (*Effective from*
145 *passage*):

146 [(a)] The Department of Social Services is designated as the state
147 agency for the administration of (1) the Connecticut energy assistance
148 program pursuant to the Low Income Home Energy Assistance Act of
149 1981; (2) the state plan for vocational rehabilitation services for the
150 fiscal year ending June 30, 1994; (3) the refugee assistance program
151 pursuant to the Refugee Act of 1980; (4) the legalization impact
152 assistance grant program pursuant to the Immigration Reform and
153 Control Act of 1986; (5) the temporary assistance for needy families
154 program pursuant to the Personal Responsibility and Work
155 Opportunity Reconciliation Act of 1996; (6) the Medicaid program
156 pursuant to Title XIX of the Social Security Act; (7) the supplemental
157 nutrition assistance program pursuant to the Food and Nutrition Act
158 of 2008; (8) the state supplement to the Supplemental Security Income
159 Program pursuant to the Social Security Act; (9) the state child support
160 enforcement plan pursuant to Title IV-D of the Social Security Act; (10)
161 the state social services plan for the implementation of the social
162 services block grants and community services block grants pursuant to
163 the Social Security Act; and (11) services for persons with autism
164 spectrum disorder in accordance with sections 17a-215 and 17a-215c; [
165 (12) nutritional programs for elderly persons; and (13) the fall
166 prevention program described in section 17a-303a.]

167 [(b)] The Department of Social Services is designated as the State
168 Unit on Aging to administer, manage, design and advocate for
169 benefits, programs and services for older persons and their families
170 pursuant to the Older Americans Act. The department shall study
171 continuously the conditions and needs of older persons in this state in
172 relation to nutrition, transportation, home care, housing, income,
173 employment, health, recreation and other matters. The department
174 shall be responsible, in cooperation with federal, state, local and area
175 planning agencies on aging, for the overall planning, development and
176 administration of a comprehensive and integrated social service
177 delivery system for older persons.]

178 Sec. 5. Subsection (c) of section 3-123aa of the 2018 supplement to
179 the general statutes is repealed and the following is substituted in lieu

180 thereof (*Effective from passage*):

181 (c) There is established an advisory committee to the Connecticut
182 Homecare Option Program for the Elderly, which shall consist of the
183 State Treasurer, the State Comptroller, the Commissioner of Social
184 Services, the Commissioner of Rehabilitation Services, the director of
185 the long-term care partnership policy program within the Office of
186 Policy and Management, and the cochairpersons and ranking members
187 of the joint standing committees of the General Assembly having
188 cognizance of matters relating to aging, human services and finance,
189 revenue and bonding, or their designees. The Governor shall appoint
190 one provider of home care services for the elderly and a physician
191 specializing in geriatric care. The advisory committee shall meet at
192 least annually. The State Comptroller shall convene the meetings of the
193 committee.

194 Sec. 6. Section 4-38c of the 2018 supplement to the general statutes is
195 repealed and the following is substituted in lieu thereof (*Effective from*
196 *passage*):

197 There shall be within the executive branch of state government the
198 following departments: Office of Policy and Management, Department
199 of Administrative Services, Department of Revenue Services,
200 Department of Banking, Department of Agriculture, Department of
201 Children and Families, Department of Consumer Protection,
202 Department of Correction, Department of Economic and Community
203 Development, State Board of Education, Department of Emergency
204 Services and Public Protection, Department of Energy and
205 Environmental Protection, Department of Public Health, Board of
206 Regents for Higher Education, Insurance Department, Labor
207 Department, Department of Mental Health and Addiction Services,
208 Department of Developmental Services, Department of Social Services,
209 Department of Rehabilitation Services, Department of Transportation,
210 Department of Motor Vehicles and Department of Veterans Affairs.

211 Sec. 7. Section 4-38c of the 2018 supplement to the general statutes,
212 as amended by section 7 of public act 17-237 and section 287 of public

213 act 17-2 of the June special session, is repealed and the following is
214 substituted in lieu thereof (*Effective July 1, 2019*):

215 There shall be within the executive branch of state government the
216 following departments: Office of Policy and Management, Department
217 of Administrative Services, Department of Revenue Services,
218 Department of Banking, Department of Agriculture, Department of
219 Children and Families, Department of Consumer Protection,
220 Department of Correction, Department of Economic and Community
221 Development, State Board of Education, Department of Emergency
222 Services and Public Protection, Department of Energy and
223 Environmental Protection, Department of Public Health, Board of
224 Regents for Higher Education, Insurance Department, Labor
225 Department, Department of Mental Health and Addiction Services,
226 Department of Developmental Services, Department of Social Services,
227 Department of Rehabilitation Services, Department of Transportation,
228 Department of Motor Vehicles, Department of Veterans Affairs and the
229 Technical Education and Career System.

230 Sec. 8. Section 7-127b of the 2018 supplement to the general statutes
231 is repealed and the following is substituted in lieu thereof (*Effective*
232 *from passage*):

233 (a) The chief elected official or the chief executive officer if by
234 ordinance of each municipality shall appoint a municipal agent for
235 elderly persons. Such agent shall be a member of an agency that serves
236 elderly persons in the municipality or a responsible resident of the
237 municipality who has demonstrated an interest in the elderly or has
238 been involved in programs in the field of aging.

239 (b) The duties of the municipal agent may include, but shall not be
240 limited to, (1) disseminating information to elderly persons, assisting
241 such persons in learning about the community resources available to
242 them and publicizing such resources and benefits; (2) assisting elderly
243 persons to apply for federal and other benefits available to such
244 persons; and (3) reporting to the chief elected official or chief executive
245 officer of the municipality and the Department of [Social]

246 Rehabilitation Services any needs and problems of the elderly and any
247 recommendations for action to improve services to the elderly.

248 (c) Each municipal agent shall serve for a term of two or four years,
249 at the discretion of the appointing authority of each municipality, and
250 may be reappointed. If more than one agent is necessary to carry out
251 the purposes of this section, the appointing authority, in its discretion,
252 may appoint one or more assistant agents. The town clerk in each
253 municipality shall notify the Department of [Social] Rehabilitation
254 Services immediately of the appointment of a new municipal agent.
255 Each municipality may provide to its municipal agent resources
256 sufficient for such agent to perform the duties of the office.

257 (d) The Department of [Social] Rehabilitation Services shall adopt
258 and disseminate to municipalities guidelines as to the role and duties
259 of municipal agents and such informational and technical materials as
260 may assist such agents in performance of their duties. The department,
261 in cooperation with the area agencies on aging, may provide training
262 for municipal agents within the available resources of the department
263 and of the agencies on aging.

264 Sec. 9. Subsection (a) of section 17a-302 of the 2018 supplement to
265 the general statutes is repealed and the following is substituted in lieu
266 thereof (*Effective from passage*):

267 (a) The Department of [Social] Rehabilitation Services shall be
268 responsible for the administration of programs which provide
269 nutritionally sound diets to needy older persons and for the expansion
270 of such programs when possible. Such programs shall be continued in
271 such a manner as to fully utilize congregate feeding and nutrition
272 education of older citizens who qualify for such program.

273 Sec. 10. Section 17a-303a of the 2018 supplement to the general
274 statutes is repealed and the following is substituted in lieu thereof
275 (*Effective from passage*):

276 (a) The Department of [Social] Rehabilitation Services shall

277 establish, within available appropriations, a fall prevention program.
278 Within such program, the department shall:

279 (1) Promote and support research to: (A) Improve the identification,
280 diagnosis, treatment and rehabilitation of older persons and others
281 who have a high risk of falling; (B) improve data collection and
282 analysis to identify risk factors for falls and factors that reduce the
283 likelihood of falls; (C) design, implement and evaluate the most
284 effective fall prevention interventions; (D) improve intervention
285 strategies that have been proven effective in reducing falls by tailoring
286 such strategies to specific populations of older persons; (E) maximize
287 the dissemination of proven, effective fall prevention interventions; (F)
288 assess the risk of falls occurring in various settings; (G) identify
289 barriers to the adoption of proven interventions with respect to the
290 prevention of falls among older persons; (H) develop, implement and
291 evaluate the most effective approaches to reducing falls among high-
292 risk older persons living in communities and long-term care and
293 assisted living facilities; and (I) evaluate the effectiveness of
294 community programs designed to prevent falls among older persons;

295 (2) Establish, in consultation with the Commissioner of Public
296 Health, a professional education program in fall prevention, evaluation
297 and management for physicians, allied health professionals and other
298 health care providers who provide services for older persons in this
299 state. The Commissioner of [Social] Rehabilitation Services may
300 contract for the establishment of such program through (A) a request
301 for proposal process, (B) a competitive grant program, or (C)
302 cooperative agreements with qualified organizations, institutions or
303 consortia of qualified organizations and institutions;

304 (3) Oversee and support demonstration and research projects to be
305 carried out by organizations, institutions or consortia of organizations
306 and institutions deemed qualified by the Commissioner of [Social]
307 Rehabilitation Services. Such demonstration and research projects may
308 be in the following areas:

309 (A) Targeted fall risk screening and referral programs;

310 (B) Programs designed for community-dwelling older persons that
311 use fall intervention approaches, including physical activity,
312 medication assessment and reduction of medication when possible,
313 vision enhancement and home-modification strategies;

314 (C) Programs that target new fall victims who are at a high risk for
315 second falls and that are designed to maximize independence and
316 quality of life for older persons, particularly those older persons with
317 functional limitations; and

318 (D) Private sector and public-private partnerships to develop
319 technologies to prevent falls among older persons and prevent or
320 reduce injuries when falls occur; and

321 (4) Award grants to, or enter into contracts or cooperative
322 agreements with, organizations, institutions or consortia of
323 organizations and institutions deemed qualified by the Commissioner
324 of [Social] Rehabilitation Services to design, implement and evaluate
325 fall prevention programs using proven intervention strategies in
326 residential and institutional settings.

327 (b) In awarding any grants or entering into any agreements or
328 contracts after October 1, 2017, the Commissioner of [Social]
329 Rehabilitation Services shall determine appropriate data and program
330 outcome measures, including fall prevention program outcome
331 measures, as applicable, that the recipient organization, institution or
332 consortia of organizations and institutions shall collect and report to
333 the commissioner and the frequency of such reports.

334 Sec. 11. Section 17a-304 of the 2018 supplement to the general
335 statutes is repealed and the following is substituted in lieu thereof
336 (*Effective from passage*):

337 The state shall be divided into five elderly planning and service
338 areas, in accordance with federal law and regulations, each having an
339 area agency on aging to carry out the mandates of the federal Older
340 Americans Act of 1965, as amended. The area agencies shall (1)

341 represent older persons within their geographic areas, (2) develop an
342 area plan for approval by the Department of [Social] Rehabilitation
343 Services and upon such approval administer the plan, (3) coordinate
344 and assist local public and nonprofit, private agencies in the
345 development of programs, (4) receive and distribute federal and state
346 funds for such purposes, in accordance with applicable law, and (5)
347 carry out any additional duties and functions required by federal law
348 and regulations.

349 Sec. 12. Section 17a-305 of the 2018 supplement to the general
350 statutes is repealed and the following is substituted in lieu thereof
351 (*Effective from passage*):

352 (a) The Department of [Social] Rehabilitation Services shall
353 equitably allocate, in accordance with federal law, federal funds
354 received under Title IIIB and IIIC of the Older Americans Act to the
355 five area agencies on aging established pursuant to section 17a-304, as
356 amended by this act. The department, before seeking federal approval
357 to spend any amount above that allotted for administrative expenses
358 under said act, shall inform the joint standing committees of the
359 General Assembly having cognizance of matters relating to aging and
360 human services that it is seeking such approval.

361 (b) Sixty per cent of the state funds appropriated to the five area
362 agencies on aging for elderly nutrition and social services shall be
363 allocated in the same proportion as allocations made pursuant to
364 subsection (a) of this section. Forty per cent of all state funds
365 appropriated to the five area agencies on aging for elderly nutrition
366 and social services used for purposes other than the required
367 nonfederal matching funds shall be allocated at the discretion of the
368 Commissioner of [Social] Rehabilitation Services, in consultation with
369 the five area agencies on aging, based on their need for such funds.
370 Any state funds appropriated to the five area agencies on aging for
371 administrative expenses shall be allocated equally.

372 (c) The Department of [Social] Rehabilitation Services, in
373 consultation with the five area agencies on aging, shall review the

374 method of allocation set forth in subsection (a) of this section and shall
375 report any findings or recommendations to the joint standing
376 committees of the General Assembly having cognizance of matters
377 relating to appropriations and the budgets of state agencies and
378 human services.

379 (d) An area agency may request a person participating in the elderly
380 nutrition program to pay a voluntary fee for meals furnished, except
381 that no eligible person shall be denied a meal due to an inability to pay
382 such fee.

383 Sec. 13. Section 17a-306 of the 2018 supplement to the general
384 statutes is repealed and the following is substituted in lieu thereof
385 (*Effective from passage*):

386 The Department of [Social] Rehabilitation Services shall adopt
387 regulations, in accordance with the provisions of chapter 54, to carry
388 out the purposes, programs and services authorized pursuant to the
389 Older Americans Act of 1965, as amended from time to time. The
390 department may operate under any new policy necessary to conform
391 to a requirement of a federal or joint state and federal program while it
392 is in the process of adopting the policy in regulation form, provided
393 the department posts such policy on the eRegulations System not later
394 than twenty days after adopting the policy. Such policy shall be valid
395 until the time final regulations are effective.

396 Sec. 14. Section 17a-310 of the 2018 supplement to the general
397 statutes is repealed and the following is substituted in lieu thereof
398 (*Effective from passage*):

399 The Department of [Social] Rehabilitation Services may make a
400 grant to any city, town or borough or public or private agency,
401 organization or institution for the following purposes: (1) For
402 community planning and coordination of programs carrying out the
403 purposes of the Older Americans Act of 1965, as amended; (2) for
404 demonstration programs or activities particularly valuable in carrying
405 out such purposes; (3) for training of special personnel needed to carry

406 out such programs and activities; (4) for establishment of new or
407 expansion of existing programs to carry out such purposes, including
408 establishment of new or expansion of existing centers of service for
409 older persons, providing recreational, cultural and other leisure time
410 activities, and informational, transportation, referral and preretirement
411 and postretirement counseling services for older persons and assisting
412 such persons in providing volunteer community or civic services,
413 except that no costs of construction, other than for minor alterations
414 and repairs, shall be included in such establishment or expansion; and
415 (5) for programs to develop or demonstrate approaches, methods and
416 techniques for achieving or improving coordination of community
417 services for older or aging persons and such other programs and
418 services as may be allowed under Title III of the Older Americans Act
419 of 1965, as amended, or to evaluate these approaches, techniques and
420 methods, as well as others which may assist older or aging persons to
421 enjoy wholesome and meaningful living and to continue to contribute
422 to the strength and welfare of the state and nation.

423 Sec. 15. Section 17a-313 of the 2018 supplement to the general
424 statutes is repealed and the following is substituted in lieu thereof
425 (*Effective from passage*):

426 The Department of [Social] Rehabilitation Services may use moneys
427 appropriated for the purposes of section 17a-310, as amended by this
428 act, for the expenses of administering the grant program under said
429 section, provided the total of such moneys so used shall not exceed
430 five per cent of the moneys so appropriated.

431 Sec. 16. Section 17a-314 of the 2018 supplement to the general
432 statutes is repealed and the following is substituted in lieu thereof
433 (*Effective from passage*):

434 (a) As used in this section:

435 (1) "CHOICES" means Connecticut's programs for health insurance
436 assistance, outreach, information and referral, counseling and
437 eligibility screening; and

438 (2) "CHOICES health insurance assistance program" means the
439 federally recognized state health insurance assistance program funded
440 pursuant to P.L. 101-508 and administered by the Department of
441 [Social] Rehabilitation Services, in conjunction with the area agencies
442 on aging and the Center for Medicare Advocacy, that provides free
443 information and assistance related to health insurance issues and
444 concerns of older persons and other Medicare beneficiaries in
445 Connecticut.

446 (b) The Department of [Social] Rehabilitation Services shall
447 administer the CHOICES health insurance assistance program, which
448 shall be a comprehensive Medicare advocacy program that provides
449 assistance to Connecticut residents who are Medicare beneficiaries.

450 (c) The program shall provide: (1) Toll-free telephone access for
451 consumers to obtain advice and information on Medicare benefits,
452 including prescription drug benefits available through the Medicare
453 Part D program, the Medicare appeals process, health insurance
454 matters applicable to Medicare beneficiaries and long-term care
455 options available in the state at least five days per week during normal
456 business hours; (2) information, advice and representation, where
457 appropriate, concerning the Medicare appeals process, by a qualified
458 attorney or paralegal at least five days per week during normal
459 business hours; (3) information through appropriate means and
460 format, including written materials, to Medicare beneficiaries, their
461 families, senior citizens and organizations regarding Medicare
462 benefits, including prescription drug benefits available through
463 Medicare Part D and other pharmaceutical drug company programs
464 and long-term care options available in the state; (4) information
465 concerning Medicare plans and services, private insurance policies and
466 federal and state-funded programs that are available to beneficiaries to
467 supplement Medicare coverage; (5) information permitting Medicare
468 beneficiaries to compare and evaluate their options for delivery of
469 Medicare and supplemental insurance services; (6) information
470 concerning the procedure to appeal a denial of care and the procedure
471 to request an expedited appeal of a denial of care; and (7) any other

472 information the program or the Commissioner of [Social]
473 Rehabilitation Services deems relevant to Medicare beneficiaries.

474 (d) The Commissioner of [Social] Rehabilitation Services may
475 include any additional functions necessary to conform to federal grant
476 requirements.

477 (e) All hospitals, as defined in section 19a-490, which treat persons
478 covered by Medicare Part A shall: (1) Notify incoming patients covered
479 by Medicare of the availability of the services established pursuant to
480 subsection (c) of this section, (2) post or cause to be posted in a
481 conspicuous place therein the toll-free number established pursuant to
482 subsection (c) of this section, and (3) provide each Medicare patient
483 with the toll-free number and information on how to access the
484 CHOICES program.

485 (f) The Commissioner of [Social] Rehabilitation Services may adopt
486 regulations, in accordance with chapter 54, as necessary to implement
487 the provisions of this section.

488 Sec. 17. Subsection (a) of section 17a-316a of the 2018 supplement to
489 the general statutes is repealed and the following is substituted in lieu
490 thereof (*Effective from passage*):

491 (a) The Commissioner of [Social] Rehabilitation Services shall
492 develop and administer a program to provide a single, coordinated
493 system of information and access for individuals seeking long-term
494 support, including in-home, community-based and institutional
495 services. The program shall be the state Aging and Disability Resource
496 Center Program in accordance with the federal Older Americans Act
497 Amendments of 2006, P.L. 109-365 and shall be administered as part of
498 the Department of [Social] Rehabilitation Services' CHOICES program
499 in accordance with subdivision (1) of subsection (a) of section 17a-314,
500 as amended by this act. Consumers served by the program shall
501 include, but not be limited to, those sixty years of age or older and
502 those eighteen years of age or older with disabilities and caregivers.

503 Sec. 18. Section 17a-405 of the 2018 supplement to the general
504 statutes is repealed and the following is substituted in lieu thereof
505 (*Effective from passage*):

506 (a) As used in this chapter:

507 (1) "State agency" means the [Office of Policy and Management]
508 Department of Rehabilitation Services.

509 (2) "Office" means the Office of the Long-Term Care Ombudsman
510 established in this section.

511 (3) "State Ombudsman" means the State Ombudsman established in
512 this section.

513 (4) "Program" means the long-term care ombudsman program
514 established in this section.

515 (5) "Representative" includes a regional ombudsman, a residents'
516 advocate or an employee of the Office of the Long-Term Care
517 Ombudsman who is individually designated by the State
518 Ombudsman.

519 (6) "Resident" means an older individual who resides in or is a
520 patient in a long-term care facility who is sixty years of age or older.

521 (7) "Long-term care facility" means any skilled nursing facility, as
522 defined in Section 1819(a) of the Social Security Act, (42 USC 1395i-
523 3(a)) any nursing facility, as defined in Section 1919(a) of the Social
524 Security Act, (42 USC 1396r(a)) a board and care facility as defined in
525 Section 102(19) of the federal Older Americans Act, (42 USC 3002(19))
526 and for purposes of ombudsman program coverage, an institution
527 regulated by the state pursuant to Section 1616(e) of the Social Security
528 Act, (42 USC 1382e(e)) and any other adult care home similar to a
529 facility or nursing facility or board and care home.

530 (8) ["Secretary" means the Secretary of the Office of Policy and
531 Management] "Commissioner" means the Commissioner of

532 Rehabilitation Services.

533 (9) "Applicant" means an older individual who has applied for
534 admission to a long-term care facility.

535 (b) There is established an independent Office of the Long-Term
536 Care Ombudsman within the [Office of Policy and Management]
537 Department of Rehabilitation Services. The [Secretary of the Office of
538 Policy and Management] Commissioner of Rehabilitation Services
539 shall appoint a State Ombudsman who shall be selected from among
540 individuals with expertise and experience in the fields of long-term
541 care and advocacy to head the office and the State Ombudsman shall
542 appoint assistant regional ombudsmen. In the event the State
543 Ombudsman or an assistant regional ombudsman is unable to fulfill
544 the duties of the office, the [secretary] commissioner shall appoint an
545 acting State Ombudsman and the State Ombudsman shall appoint an
546 acting assistant regional ombudsman.

547 (c) Notwithstanding the provisions of subsection (b) of this section,
548 on and after July 1, 1990, the positions of State Ombudsman and
549 regional ombudsmen shall be classified service positions. The State
550 Ombudsman and regional ombudsmen holding said positions on said
551 date shall continue to serve in their positions as if selected through
552 classified service procedures. As vacancies occur in such positions
553 thereafter, such vacancies shall be filled in accordance with classified
554 service procedures.

555 Sec. 19. Section 17a-407 of the 2018 supplement to the general
556 statutes is repealed and the following is substituted in lieu thereof
557 (*Effective from passage*):

558 No person may perform any functions as a residents' advocate until
559 the person has successfully completed a course of training required by
560 the State Ombudsman. Any residents' advocate who fails to complete
561 such a course within a reasonable time after appointment may be
562 removed by the State Ombudsman or the regional ombudsman for the
563 region in which such residents' advocate serves. The [Secretary of the

564 Office of Policy and Management] Commissioner of Rehabilitation
565 Services, after consultation with the State Ombudsman, shall adopt
566 regulations, in accordance with the provisions of chapter 54, to carry
567 out the provisions of this section. Such regulations shall include, but
568 not be limited to, the course of training required by this [subsection]
569 section.

570 Sec. 20. Section 17a-416 of the 2018 supplement to the general
571 statutes is repealed and the following is substituted in lieu thereof
572 (*Effective from passage*):

573 The [Secretary of the Office of Policy and Management]
574 Commissioner of Rehabilitation Services, after consultation with the
575 State Ombudsman, shall adopt regulations in accordance with the
576 provisions of chapter 54, to carry out the provisions of sections 17a-405
577 to 17a-417, inclusive, as amended by this act, 19a-531 and 19a-532.

578 Sec. 21. Section 17a-417 of the 2018 supplement to the general
579 statutes is repealed and the following is substituted in lieu thereof
580 (*Effective from passage*):

581 The [Secretary of the Office of Policy and Management]
582 Commissioner of Rehabilitation Services shall require the State
583 Ombudsman to:

584 (1) Prepare an annual report:

585 (A) Describing the activities carried out by the office in the year for
586 which the report is prepared;

587 (B) Containing and analyzing the data collected under section 17a-
588 418;

589 (C) Evaluating the problems experienced by and the complaints
590 made by or on behalf of residents;

591 (D) Containing recommendations for (i) improving the quality of
592 the care and life of the residents, and (ii) protecting the health, safety,

593 welfare and rights of the residents;

594 (E) (i) Analyzing the success of the program including success in
595 providing services to residents of long-term care facilities; and (ii)
596 identifying barriers that prevent the optimal operation of the program;
597 and

598 (F) Providing policy, regulatory and legislative recommendations to
599 solve identified problems, to resolve the complaints, to improve the
600 quality of the care and life of residents, to protect the health, safety,
601 welfare and rights of residents and to remove the barriers that prevent
602 the optimal operation of the program.

603 (2) Analyze, comment on and monitor the development and
604 implementation of federal, state and local laws, regulations and other
605 government policies and actions that pertain to long-term care facilities
606 and services, and to the health, safety, welfare and rights of residents
607 in the state, and recommend any changes in such laws, regulations and
608 policies as the office determines to be appropriate.

609 (3) (A) Provide such information as the office determines to be
610 necessary to public and private agencies, legislators and other persons,
611 regarding (i) the problems and concerns of older individuals residing
612 in long-term care facilities; and (ii) recommendations related to the
613 problems and concerns; and (B) make available to the public and
614 submit to the federal assistant secretary for aging, the Governor, the
615 General Assembly, the Department of Public Health and other
616 appropriate governmental entities, each report prepared under
617 subdivision (1) of this section.

618 Sec. 22. Subsection (c) of section 17a-411 of the 2018 supplement to
619 the general statutes is repealed and the following is substituted in lieu
620 thereof (*Effective from passage*):

621 (c) The Commissioner of [Social] Rehabilitation Services shall have
622 authority to seek funding for the purposes contained in this section
623 from public and private sources, including but not limited to any

624 federal or state funded programs.

625 Sec. 23. Subsection (b) of section 17a-667 of the 2018 supplement to
626 the general statutes is repealed and the following is substituted in lieu
627 thereof (*Effective from passage*):

628 (b) The council shall consist of the following members: (1) The
629 Secretary of the Office of Policy and Management, or the secretary's
630 designee; (2) the Commissioners of Children and Families, Consumer
631 Protection, Correction, Education, Mental Health and Addiction
632 Services, Public Health, Emergency Services and Public Protection,
633 Rehabilitation Services and Social Services, and the Insurance
634 Commissioner, or their designees; (3) the Chief Court Administrator,
635 or the Chief Court Administrator's designee; (4) the chairperson of the
636 Board of Regents for Higher Education, or the chairperson's designee;
637 (5) the president of The University of Connecticut, or the president's
638 designee; (6) the Chief State's Attorney, or the Chief State's Attorney's
639 designee; (7) the Chief Public Defender, or the Chief Public Defender's
640 designee; and (8) the cochairpersons and ranking members of the joint
641 standing committees of the General Assembly having cognizance of
642 matters relating to public health, criminal justice and appropriations,
643 or their designees. The Commissioner of Mental Health and Addiction
644 Services and the Commissioner of Children and Families shall be
645 cochairpersons of the council and may jointly appoint up to seven
646 individuals to the council as follows: (A) Two individuals in recovery
647 from a substance use disorder or representing an advocacy group for
648 individuals with a substance use disorder; (B) a provider of
649 community-based substance abuse services for adults; (C) a provider
650 of community-based substance abuse services for adolescents; (D) an
651 addiction medicine physician; (E) a family member of an individual in
652 recovery from a substance use disorder; and (F) an emergency
653 medicine physician currently practicing in a Connecticut hospital. The
654 cochairpersons of the council may establish subcommittees and
655 working groups and may appoint individuals other than members of
656 the council to serve as members of the subcommittees or working
657 groups. Such individuals may include, but need not be limited to: (i)

658 Licensed alcohol and drug counselors; (ii) pharmacists; (iii) municipal
659 police chiefs; (iv) emergency medical services personnel; and (v)
660 representatives of organizations that provide education, prevention,
661 intervention, referrals, rehabilitation or support services to individuals
662 with substance use disorder or chemical dependency.

663 Sec. 24. Subsection (b) of section 17b-4 of the 2018 supplement to the
664 general statutes is repealed and the following is substituted in lieu
665 thereof (*Effective from passage*):

666 (b) The Department of Social Services, in conjunction with the
667 Department of Public Health and the Department of Rehabilitation
668 Services, may adopt regulations in accordance with the provisions of
669 chapter 54 to establish requirements with respect to the submission of
670 reports concerning financial solvency and quality of care by nursing
671 homes for the purpose of determining the financial viability of such
672 homes, identifying homes that appear to be experiencing financial
673 distress and examining the underlying reasons for such distress. Such
674 reports shall be submitted to the Nursing Home Financial Advisory
675 Committee established under section 17b-339.

676 Sec. 25. Section 17b-251 of the 2018 supplement to the general
677 statutes is repealed and the following is substituted in lieu thereof
678 (*Effective from passage*):

679 The Department of [Social] Rehabilitation Services shall establish an
680 outreach program to educate consumers as to: (1) The need for long-
681 term care; (2) mechanisms for financing such care; (3) the availability
682 of long-term care insurance; and (4) the asset protection provided
683 under sections 17b-252 to 17b-254, inclusive, and 38a-475, as amended
684 by this act. The Department of [Social] Rehabilitation Services shall
685 provide public information to assist individuals in choosing
686 appropriate insurance coverage.

687 Sec. 26. Subsection (c) of section 17b-337 of the 2018 supplement to
688 the general statutes is repealed and the following is substituted in lieu
689 thereof (*Effective from passage*):

690 (c) The Long-Term Care Planning Committee shall consist of: (1)
691 The chairpersons and ranking members of the joint standing
692 committees of the General Assembly having cognizance of matters
693 relating to human services, public health, elderly services and long-
694 term care; (2) the Commissioner of Social Services, or the
695 commissioner's designee; (3) one member of the Office of Policy and
696 Management appointed by the Secretary of the Office of Policy and
697 Management; (4) two members from the Department of Public Health
698 appointed by the Commissioner of Public Health, one of whom is from
699 the Office of Health Care Access division of the department; (5) one
700 member from the Department of Housing appointed by the
701 Commissioner of Housing; (6) one member from the Department of
702 Developmental Services appointed by the Commissioner of
703 Developmental Services; (7) one member from the Department of
704 Mental Health and Addiction Services appointed by the Commissioner
705 of Mental Health and Addiction Services; (8) one member from the
706 Department of Transportation appointed by the Commissioner of
707 Transportation; [and] (9) one member from the Department of
708 Children and Families appointed by the Commissioner of Children
709 and Families; and (10) one member from the Department of
710 Rehabilitation Services appointed by the Commissioner of
711 Rehabilitation Services. The committee shall convene no later than
712 ninety days after June 4, 1998. Any vacancy shall be filled by the
713 appointing authority. The chairperson shall be elected from among the
714 members of the committee. The committee shall seek the advice and
715 participation of any person, organization or state or federal agency it
716 deems necessary to carry out the provisions of this section.

717 Sec. 27. Section 17b-349e of the 2018 supplement to the general
718 statutes is repealed and the following is substituted in lieu thereof
719 (*Effective from passage*):

720 (a) As used in this section:

721 (1) "Respite care services" means support services which provide
722 short-term relief from the demands of ongoing care for an individual

723 with Alzheimer's disease.

724 (2) "Caretaker" means a person who has the responsibility for the
725 care of an individual with Alzheimer's disease or has assumed the
726 responsibility for such individual voluntarily, by contract or by order
727 of a court of competent jurisdiction.

728 (3) "Copayment" means a payment made by or on behalf of an
729 individual with Alzheimer's disease for respite care services.

730 (4) "Individual with Alzheimer's disease" means an individual with
731 Alzheimer's disease or related disorders.

732 (b) The Commissioner of [Social] Rehabilitation Services shall
733 operate a program, within available appropriations, to provide respite
734 care services for caretakers of individuals with Alzheimer's disease,
735 provided such individuals with Alzheimer's disease meet the
736 requirements set forth in subsection (c) of this section. Such respite
737 care services may include, but need not be limited to (1) homemaker
738 services; (2) adult day care; (3) temporary care in a licensed medical
739 facility; (4) home-health care; (5) companion services; or (6) personal
740 care assistant services. Such respite care services may be administered
741 directly by the Department of [Social] Rehabilitation Services, or
742 through contracts for services with providers of such services, or by
743 means of direct subsidy to caretakers of individuals with Alzheimer's
744 disease to purchase such services.

745 (c) (1) No individual with Alzheimer's disease may participate in the
746 program if such individual (A) has an annual income of more than
747 forty-one thousand dollars or liquid assets of more than one hundred
748 nine thousand dollars, or (B) is receiving services under the
749 Connecticut home-care program for the elderly. On July 1, 2009, and
750 annually thereafter, the commissioner shall increase such income and
751 asset eligibility criteria over that of the previous fiscal year to reflect
752 the annual cost of living adjustment in Social Security income, if any.

753 (2) No individual with Alzheimer's disease who participates in the

754 program may receive more than three thousand five hundred dollars
755 for services under the program in any fiscal year or receive more than
756 thirty days of out-of-home respite care services other than adult day
757 care services under the program in any fiscal year, except that the
758 commissioner shall adopt regulations pursuant to subsection (d) of this
759 section to provide up to seven thousand five hundred dollars for
760 services to a participant in the program who demonstrates a need for
761 additional services.

762 (3) The commissioner may require an individual with Alzheimer's
763 disease who participates in the program to pay a copayment for respite
764 care services under the program, except the commissioner may waive
765 such copayment upon demonstration of financial hardship by such
766 individual.

767 (d) The commissioner shall adopt regulations in accordance with the
768 provisions of chapter 54 to implement the provisions of this section.
769 Such regulations shall include, but need not be limited to (1) standards
770 for eligibility for respite care services; (2) the basis for priority in
771 receiving services; (3) qualifications and requirements of providers,
772 which shall include specialized training in Alzheimer's disease,
773 dementia and related disorders; (4) a requirement that providers
774 accredited by the Joint Commission on the Accreditation of Healthcare
775 Organizations, when available, receive preference in contracting for
776 services; (5) provider reimbursement levels; (6) limits on services and
777 cost of services; and (7) a fee schedule for copayments.

778 (e) The [Commissioner of Social Services] commissioner may
779 allocate any funds appropriated in excess of five hundred thousand
780 dollars for the program among the five area agencies on aging
781 according to need, as determined by [said] the commissioner.

782 Sec. 28. Subsection (d) of section 17b-352 of the 2018 supplement to
783 the general statutes is repealed and the following is substituted in lieu
784 thereof (*Effective from passage*):

785 (d) Any facility acting pursuant to subdivision (3) of subsection (b)

786 of this section shall provide written notice, at the same time it submits
787 its letter of intent, to all patients, guardians or conservators, if any, or
788 legally liable relatives or other responsible parties, if known, and shall
789 post such notice in a conspicuous location at the facility. The facility's
790 written notice shall be accompanied by an informational letter issued
791 jointly from the Office of the Long-Term Care Ombudsman and the
792 Department of [Social] Rehabilitation Services on patients' rights and
793 services available as they relate to the letter of intent. The notice shall
794 state the following: (1) The projected date the facility will be
795 submitting its certificate of need application, (2) that only the
796 Department of Social Services has the authority to either grant, modify
797 or deny the application, (3) that the Department of Social Services has
798 up to ninety days to grant, modify or deny the certificate of need
799 application, (4) a brief description of the reason or reasons for
800 submitting a request for permission, (5) that no patient shall be
801 involuntarily transferred or discharged within or from a facility
802 pursuant to state and federal law because of the filing of the certificate
803 of need application, (6) that all patients have a right to appeal any
804 proposed transfer or discharge, and (7) the name, mailing address and
805 telephone number of the Office of the Long-Term Care Ombudsman
806 and local legal aid office.

807 Sec. 29. Section 21a-3a of the 2018 supplement to the general statutes
808 is repealed and the following is substituted in lieu thereof (*Effective*
809 *from passage*):

810 The Department of Consumer Protection, in collaboration with the
811 Department of [Social] Rehabilitation Services, shall conduct a public
812 awareness campaign, within available funding, to educate elderly
813 consumers and caregivers on ways to resist aggressive marketing
814 tactics and scams.

815 Sec. 30. Section 38a-47 of the 2018 supplement to the general statutes
816 is repealed and the following is substituted in lieu thereof (*Effective*
817 *from passage*):

818 All domestic insurance companies and other domestic entities

819 subject to taxation under chapter 207 shall, in accordance with section
820 38a-48, as amended by this act, annually pay to the Insurance
821 Commissioner, for deposit in the Insurance Fund established under
822 section 38a-52a, an amount equal to the actual expenditures made by
823 the Insurance Department during each fiscal year, and the actual
824 expenditures made by the Office of the Healthcare Advocate,
825 including the cost of fringe benefits for department and office
826 personnel as estimated by the Comptroller, plus (1) the expenditures
827 made on behalf of the department and the office from the Capital
828 Equipment Purchase Fund pursuant to section 4a-9 for such year, and
829 (2) the amount appropriated to the Department of [Social]
830 Rehabilitation Services for the fall prevention program established in
831 section 17a-303a, as amended by this act, from the Insurance Fund for
832 the fiscal year, but excluding expenditures paid for by fraternal benefit
833 societies, foreign and alien insurance companies and other foreign and
834 alien entities under sections 38a-49 and 38a-50. Payments shall be
835 made by assessment of all such domestic insurance companies and
836 other domestic entities calculated and collected in accordance with the
837 provisions of section 38a-48, as amended by this act. Any such
838 domestic insurance company or other domestic entity aggrieved
839 because of any assessment levied under this section may appeal
840 therefrom in accordance with the provisions of section 38a-52.

841 Sec. 31. Section 38a-48 of the 2018 supplement to the general statutes
842 is repealed and the following is substituted in lieu thereof (*Effective*
843 *from passage*):

844 (a) On or before June thirtieth, annually, the Commissioner of
845 Revenue Services shall render to the Insurance Commissioner a
846 statement certifying the amount of taxes or charges imposed on each
847 domestic insurance company or other domestic entity under chapter
848 207 on business done in this state during the preceding calendar year.
849 The statement for local domestic insurance companies shall set forth
850 the amount of taxes and charges before any tax credits allowed as
851 provided in subsection (a) of section 12-202.

852 (b) On or before July thirty-first, annually, the Insurance
853 Commissioner and the Office of the Healthcare Advocate shall render
854 to each domestic insurance company or other domestic entity liable for
855 payment under section 38a-47, as amended by this act: (1) A statement
856 that includes (A) the amount appropriated to the Insurance
857 Department and the Office of the Healthcare Advocate for the fiscal
858 year beginning July first of the same year, (B) the cost of fringe benefits
859 for department and office personnel for such year, as estimated by the
860 Comptroller, (C) the estimated expenditures on behalf of the
861 department and the office from the Capital Equipment Purchase Fund
862 pursuant to section 4a-9 for such year, and (D) the amount
863 appropriated to the Department of [Social] Rehabilitation Services for
864 the fall prevention program established in section 17a-303a, as
865 amended by this act, from the Insurance Fund for the fiscal year; (2) a
866 statement of the total taxes imposed on all domestic insurance
867 companies and domestic insurance entities under chapter 207 on
868 business done in this state during the preceding calendar year; and (3)
869 the proposed assessment against that company or entity, calculated in
870 accordance with the provisions of subsection (c) of this section,
871 provided for the purposes of this calculation the amount appropriated
872 to the Insurance Department and the Office of the Healthcare
873 Advocate plus the cost of fringe benefits for department and office
874 personnel and the estimated expenditures on behalf of the department
875 and the office from the Capital Equipment Purchase Fund pursuant to
876 section 4a-9 shall be deemed to be the actual expenditures of the
877 department and the office, and the amount appropriated to the
878 Department of [Social] Rehabilitation Services from the Insurance
879 Fund for the fiscal year for the fall prevention program established in
880 section 17a-303a, as amended by this act, shall be deemed to be the
881 actual expenditures for the program.

882 (c) (1) The proposed assessments for each domestic insurance
883 company or other domestic entity shall be calculated by (A) allocating
884 twenty per cent of the amount to be paid under section 38a-47, as
885 amended by this act, among the domestic entities organized under
886 sections 38a-199 to 38a-209, inclusive, and 38a-214 to 38a-225, inclusive,

887 in proportion to their respective shares of the total taxes and charges
888 imposed under chapter 207 on such entities on business done in this
889 state during the preceding calendar year, and (B) allocating eighty per
890 cent of the amount to be paid under section 38a-47, as amended by this
891 act, among all domestic insurance companies and domestic entities
892 other than those organized under sections 38a-199 to 38a-209,
893 inclusive, and 38a-214 to 38a-225, inclusive, in proportion to their
894 respective shares of the total taxes and charges imposed under chapter
895 207 on such domestic insurance companies and domestic entities on
896 business done in this state during the preceding calendar year,
897 provided if there are no domestic entities organized under sections
898 38a-199 to 38a-209, inclusive, and 38a-214 to 38a-225, inclusive, at the
899 time of assessment, one hundred per cent of the amount to be paid
900 under section 38a-47, as amended by this act, shall be allocated among
901 such domestic insurance companies and domestic entities.

902 (2) When the amount any such company or entity is assessed
903 pursuant to this section exceeds twenty-five per cent of the actual
904 expenditures of the Insurance Department and the Office of the
905 Healthcare Advocate, such excess amount shall not be paid by such
906 company or entity but rather shall be assessed against and paid by all
907 other such companies and entities in proportion to their respective
908 shares of the total taxes and charges imposed under chapter 207 on
909 business done in this state during the preceding calendar year, except
910 that for purposes of any assessment made to fund payments to the
911 Department of Public Health to purchase vaccines, such company or
912 entity shall be responsible for its share of the costs, notwithstanding
913 whether its assessment exceeds twenty-five per cent of the actual
914 expenditures of the Insurance Department and the Office of the
915 Healthcare Advocate. The provisions of this subdivision shall not be
916 applicable to any corporation which has converted to a domestic
917 mutual insurance company pursuant to section 38a-155 upon the
918 effective date of any public act which amends said section to modify or
919 remove any restriction on the business such a company may engage in,
920 for purposes of any assessment due from such company on and after
921 such effective date.

922 (d) For purposes of calculating the amount of payment under
923 section 38a-47, as amended by this act, as well as the amount of the
924 assessments under this section, the "total taxes imposed on all
925 domestic insurance companies and other domestic entities under
926 chapter 207" shall be based upon the amounts shown as payable to the
927 state for the calendar year on the returns filed with the Commissioner
928 of Revenue Services pursuant to chapter 207; with respect to
929 calculating the amount of payment and assessment for local domestic
930 insurance companies, the amount used shall be the taxes and charges
931 imposed before any tax credits allowed as provided in subsection (a) of
932 section 12-202.

933 (e) On or before September thirtieth, annually, for each fiscal year
934 ending prior to July 1, 1990, the Insurance Commissioner and the
935 Healthcare Advocate, after receiving any objections to the proposed
936 assessments and making such adjustments as in their opinion may be
937 indicated, shall assess each such domestic insurance company or other
938 domestic entity an amount equal to its proposed assessment as so
939 adjusted. Each domestic insurance company or other domestic entity
940 shall pay to the Insurance Commissioner on or before October thirty-
941 first an amount equal to fifty per cent of its assessment adjusted to
942 reflect any credit or amount due from the preceding fiscal year as
943 determined by the commissioner under subsection (g) of this section.
944 Each domestic insurance company or other domestic entity shall pay
945 to the Insurance Commissioner on or before the following April
946 thirtieth, the remaining fifty per cent of its assessment.

947 (f) On or before September first, annually, for each fiscal year
948 ending after July 1, 1990, the Insurance Commissioner and the
949 Healthcare Advocate, after receiving any objections to the proposed
950 assessments and making such adjustments as in their opinion may be
951 indicated, shall assess each such domestic insurance company or other
952 domestic entity an amount equal to its proposed assessment as so
953 adjusted. Each domestic insurance company or other domestic entity
954 shall pay to the Insurance Commissioner (1) on or before June 30, 1990,
955 and on or before June thirtieth annually thereafter, an estimated

956 payment against its assessment for the following year equal to twenty-
957 five per cent of its assessment for the fiscal year ending such June
958 thirtieth, (2) on or before September thirtieth, annually, twenty-five per
959 cent of its assessment adjusted to reflect any credit or amount due
960 from the preceding fiscal year as determined by the commissioner
961 under subsection (g) of this section, and (3) on or before the following
962 December thirty-first and March thirty-first, annually, each domestic
963 insurance company or other domestic entity shall pay to the Insurance
964 Commissioner the remaining fifty per cent of its proposed assessment
965 to the department in two equal installments.

966 (g) If the actual expenditures for the fall prevention program
967 established in section 17a-303a, as amended by this act, are less than
968 the amount allocated, the Commissioner of [Social] Rehabilitation
969 Services shall notify the Insurance Commissioner and the Healthcare
970 Advocate. Immediately following the close of the fiscal year, the
971 Insurance Commissioner and the Healthcare Advocate shall
972 recalculate the proposed assessment for each domestic insurance
973 company or other domestic entity in accordance with subsection (c) of
974 this section using the actual expenditures made by the Insurance
975 Department and the Office of the Healthcare Advocate during that
976 fiscal year, the actual expenditures made on behalf of the department
977 and the office from the Capital Equipment Purchase Fund pursuant to
978 section 4a-9 and the actual expenditures for the fall prevention
979 program. On or before July thirty-first, the Insurance Commissioner
980 and the Healthcare Advocate shall render to each such domestic
981 insurance company and other domestic entity a statement showing the
982 difference between their respective recalculated assessments and the
983 amount they have previously paid. On or before August thirty-first,
984 the Insurance Commissioner and the Healthcare Advocate, after
985 receiving any objections to such statements, shall make such
986 adjustments which in their opinion may be indicated, and shall render
987 an adjusted assessment, if any, to the affected companies.

988 (h) If any assessment is not paid when due, a penalty of twenty-five
989 dollars shall be added thereto, and interest at the rate of six per cent

990 per annum shall be paid thereafter on such assessment and penalty.

991 (i) The [commissioner] Insurance Commissioner shall deposit all
992 payments made under this section with the State Treasurer. On and
993 after June 6, 1991, the moneys so deposited shall be credited to the
994 Insurance Fund established under section 38a-52a and shall be
995 accounted for as expenses recovered from insurance companies.

996 Sec. 32. Section 38a-475 of the 2018 supplement to the general
997 statutes is repealed and the following is substituted in lieu thereof
998 (*Effective from passage*):

999 The Insurance Department shall only precertify long-term care
1000 insurance policies that (1) alert the purchaser to the availability of
1001 consumer information and public education provided by the
1002 Department of [Social] Rehabilitation Services pursuant to section 17b-
1003 251, as amended by this act; (2) offer the option of home and
1004 community-based services in addition to nursing home care; (3) in all
1005 home care plans, include case management services delivered by an
1006 access agency approved by the Office of Policy and Management and
1007 the Department of Social Services as meeting the requirements for such
1008 agency as defined in regulations adopted pursuant to subsection (e) of
1009 section 17b-342, which services shall include, but need not be limited
1010 to, the development of a comprehensive individualized assessment
1011 and care plan and, as needed, the coordination of appropriate services
1012 and the monitoring of the delivery of such services; (4) provide
1013 inflation protection; (5) provide for the keeping of records and an
1014 explanation of benefit reports on insurance payments which count
1015 toward Medicaid resource exclusion; and (6) provide the management
1016 information and reports necessary to document the extent of Medicaid
1017 resource protection offered and to evaluate the Connecticut
1018 Partnership for Long-Term Care. No policy shall be precertified if it
1019 requires prior hospitalization or a prior stay in a nursing home as a
1020 condition of providing benefits. The commissioner may adopt
1021 regulations, in accordance with chapter 54, to carry out the
1022 precertification provisions of this section.

1023 Sec. 33. Section 17a-302a of the 2018 supplement to the general
1024 statutes is repealed and the following is substituted in lieu thereof
1025 (*Effective from passage*):

1026 The Department of [Social] Rehabilitation Services shall hold
1027 quarterly meetings with nutrition service stakeholders to (1) develop
1028 recommendations to address complexities in the administrative
1029 processes of nutrition services programs, (2) establish quality control
1030 benchmarks in such programs, and (3) help move toward greater
1031 quality, efficiency and transparency in the elderly nutrition program.
1032 Stakeholders shall include, but need not be limited to, (A) one
1033 representative of each of the following: (i) Area agencies on aging, (ii)
1034 access agencies, (iii) the Commission on Women, Children and Seniors,
1035 and (iv) nutrition providers, and (B) one or more representatives of (i)
1036 food security programs, (ii) contractors, (iii) nutrition host sites, and
1037 (iv) consumers.

1038 Sec. 34. Subsection (c) of section 17b-28 of the 2018 supplement to
1039 the general statutes is repealed and the following is substituted in lieu
1040 thereof (*Effective from passage*):

1041 (c) On and after October 31, 2017, the council shall be composed of
1042 the following members:

1043 (1) The chairpersons and ranking members of the joint standing
1044 committees of the General Assembly having cognizance of matters
1045 relating to aging, human services, public health and appropriations
1046 and the budgets of state agencies, or their designees;

1047 (2) Five appointed by the speaker of the House of Representatives,
1048 one of whom shall be a member of the General Assembly, one of
1049 whom shall be a community provider of adult Medicaid health
1050 services, one of whom shall be a recipient of Medicaid benefits for the
1051 aged, blind and disabled or an advocate for such a recipient, one of
1052 whom shall be a representative of the state's federally qualified health
1053 clinics and one of whom shall be a member of the Connecticut Hospital
1054 Association;

1055 (3) Five appointed by the president pro tempore of the Senate, one
1056 of whom shall be a member of the General Assembly, one of whom
1057 shall be a representative of the home health care industry, one of
1058 whom shall be a primary care medical home provider, one of whom
1059 shall be an advocate for Department of Children and Families foster
1060 families and one of whom shall be a representative of the business
1061 community with experience in cost efficiency management;

1062 (4) Three appointed by the majority leader of the House of
1063 Representatives, one of whom shall be an advocate for persons with
1064 substance abuse disabilities, one of whom shall be a Medicaid dental
1065 provider and one of whom shall be a representative of the for-profit
1066 nursing home industry;

1067 (5) Three appointed by the majority leader of the Senate, one of
1068 whom shall be a representative of school-based health centers, one of
1069 whom shall be a recipient of benefits under the HUSKY Health
1070 program and one of whom shall be a physician who serves Medicaid
1071 clients;

1072 (6) Three appointed by the minority leader of the House of
1073 Representatives, one of whom shall be an advocate for persons with
1074 disabilities, one of whom shall be a dually eligible Medicaid-Medicare
1075 beneficiary or an advocate for such a beneficiary and one of whom
1076 shall be a representative of the not-for-profit nursing home industry;

1077 (7) Three appointed by the minority leader of the Senate, one of
1078 whom shall be a low-income adult recipient of Medicaid benefits or an
1079 advocate for such a recipient, one of whom shall be a representative of
1080 hospitals and one of whom shall be a representative of the business
1081 community with experience in cost efficiency management;

1082 (8) The executive director of the Commission on Women, Children
1083 and Seniors or the executive director's designee;

1084 (9) A member of the Commission on Women, Children and Seniors,
1085 designated by the executive director;

- 1086 (10) A representative of the Long-Term Care Advisory Council;
- 1087 (11) The Commissioners of Social Services, Children and Families,
1088 Public Health, Developmental Services, Rehabilitation Services and
1089 Mental Health and Addiction Services, or their designees, who shall be
1090 ex-officio nonvoting members;
- 1091 (12) The Comptroller, or the Comptroller's designee, who shall be an
1092 ex-officio nonvoting member;
- 1093 (13) The Secretary of the Office of Policy and Management, or the
1094 secretary's designee, who shall be an ex-officio nonvoting member; and
- 1095 (14) One representative of an administrative services organization
1096 which contracts with the Department of Social Services in the
1097 administration of the Medicaid program, who shall be a nonvoting
1098 member.
- 1099 Sec. 35. Subdivision (1) of subsection (i) of section 17b-342 of the
1100 general statutes is repealed and the following is substituted in lieu
1101 thereof (*Effective July 1, 2018*):
- 1102 (i) (1) On and after July 1, [2015] 2018, the Commissioner of Social
1103 Services shall, within available appropriations, administer a state-
1104 funded portion of the program for persons (A) who are sixty-five years
1105 of age and older; (B) who are inappropriately institutionalized or at
1106 risk of inappropriate institutionalization; (C) whose income is less than
1107 or equal to the amount allowed under subdivision (3) of subsection (a)
1108 of this section; [and] (D) whose assets, if single, do not exceed one
1109 hundred fifty per cent of the federal minimum community spouse
1110 protected amount pursuant to 42 USC 1396r-5(f)(2) or, if married, the
1111 couple's assets do not exceed two hundred per cent of said community
1112 spouse protected amount; [. For program applications received by the
1113 Department of Social Services for the fiscal years ending June 30, 2016,
1114 and June 30, 2017, only persons] and (E) who require the level of care
1115 provided in a nursing home. [shall be eligible for the state-funded
1116 portion of the program, except for] Eligible persons for the state-

1117 funded portion of the program shall also include persons residing in
1118 affordable housing under the assisted living demonstration project
1119 established pursuant to section 17b-347e and persons who are enrolled
1120 in the program on June 30, 2018, who are otherwise eligible in
1121 accordance with this section.

1122 Sec. 36. Subsection (a) of section 17b-239 of the 2018 supplement to
1123 the general statutes is repealed and the following is substituted in lieu
1124 thereof (*Effective July 1, 2018*):

1125 (a) Medicaid rates paid to acute care hospitals, including children's
1126 hospitals, shall be based on diagnosis-related groups established and
1127 periodically rebased by the Commissioner of Social Services in
1128 accordance with 42 USC 1396a(a)(30)(A), provided the Department of
1129 Social Services completes a fiscal analysis of the impact of such rate
1130 payment system on each hospital. The commissioner shall, in
1131 accordance with the provisions of section 11-4a, file a report on the
1132 results of the fiscal analysis not later than six months after
1133 implementing the rate payment system with the joint standing
1134 committees of the General Assembly having cognizance of matters
1135 relating to human services and appropriations and the budgets of state
1136 agencies. Within available appropriations, the commissioner shall
1137 annually determine in-patient payments for each hospital by
1138 multiplying diagnosis-related group relative weights by a base rate.
1139 Over a period of up to four years beginning on or after January 1, 2016,
1140 within available appropriations and at the discretion of the
1141 commissioner, the Department of Social Services shall transition
1142 hospital-specific, diagnosis-related group base rates to state-wide
1143 diagnosis-related group base rates by peer groups determined by the
1144 commissioner. For the purposes of this subsection and subsection (c) of
1145 this section, "peer group" means a group comprised of one of the
1146 following categories of acute care hospitals: Privately operated acute
1147 care hospitals, publicly operated acute care hospitals, or acute care
1148 children's hospitals licensed by the Department of Public Health. At
1149 the discretion of the Commissioner of Social Services, the peer group
1150 for privately operated acute care hospitals may be further subdivided

1151 into peer groups for privately operated acute care hospitals. For
 1152 inpatient hospital services that the Commissioner of Social Services
 1153 determines are not appropriate for reimbursement based on diagnosis-
 1154 related groups, the commissioner shall reimburse for such services
 1155 using any other methodology that complies with 42 USC
 1156 1396a(a)(30)(A). Within available appropriations, the commissioner
 1157 may, in his or her discretion, make additional payments to hospitals
 1158 based on criteria to be determined by the commissioner. Upon the
 1159 conversion to a hospital payment methodology based on diagnosis-
 1160 related groups, the commissioner shall evaluate payments for all
 1161 hospital services, including, but not limited to, a review of pediatric
 1162 psychiatric inpatient units within hospitals. The commissioner may,
 1163 within available appropriations, implement a pay-for-performance
 1164 program for pediatric psychiatric inpatient care. Effective July 1, 2018,
 1165 the commissioner shall not make Medicaid payments to hospitals for
 1166 graduate medical education. Nothing contained in this section shall
 1167 authorize Medicaid payment by the state to any such hospital in excess
 1168 of the charges made by such hospital for comparable services to the
 1169 general public.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	8-119f
Sec. 2	<i>from passage</i>	17b-650a
Sec. 3	<i>from passage</i>	17b-1
Sec. 4	<i>from passage</i>	17b-2
Sec. 5	<i>from passage</i>	3-123aa(c)
Sec. 6	<i>from passage</i>	4-38c
Sec. 7	<i>July 1, 2019</i>	4-38c
Sec. 8	<i>from passage</i>	7-127b
Sec. 9	<i>from passage</i>	17a-302(a)
Sec. 10	<i>from passage</i>	17a-303a
Sec. 11	<i>from passage</i>	17a-304
Sec. 12	<i>from passage</i>	17a-305
Sec. 13	<i>from passage</i>	17a-306
Sec. 14	<i>from passage</i>	17a-310
Sec. 15	<i>from passage</i>	17a-313

Sec. 16	<i>from passage</i>	17a-314
Sec. 17	<i>from passage</i>	17a-316a(a)
Sec. 18	<i>from passage</i>	17a-405
Sec. 19	<i>from passage</i>	17a-407
Sec. 20	<i>from passage</i>	17a-416
Sec. 21	<i>from passage</i>	17a-417
Sec. 22	<i>from passage</i>	17a-411(c)
Sec. 23	<i>from passage</i>	17a-667(b)
Sec. 24	<i>from passage</i>	17b-4(b)
Sec. 25	<i>from passage</i>	17b-251
Sec. 26	<i>from passage</i>	17b-337(c)
Sec. 27	<i>from passage</i>	17b-349e
Sec. 28	<i>from passage</i>	17b-352(d)
Sec. 29	<i>from passage</i>	21a-3a
Sec. 30	<i>from passage</i>	38a-47
Sec. 31	<i>from passage</i>	38a-48
Sec. 32	<i>from passage</i>	38a-475
Sec. 33	<i>from passage</i>	17a-302a
Sec. 34	<i>from passage</i>	17b-28(c)
Sec. 35	<i>July 1, 2018</i>	17b-342(i)(1)
Sec. 36	<i>July 1, 2018</i>	17b-239(a)

Statement of Legislative Commissioners:

In Section 2(g), "17a-314" was changed to "section 17a-314" for consistency with standard drafting conventions.

HS *Joint Favorable Subst. -LCO*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact: See Below

Municipal Impact: None

Explanation

The bill results in the following impacts, organized by section of the bill:

Sections 1 - 34 implement the transfer of the State Unit on Aging and the Long-Term Care Ombudsman program from the Department of Social Services to the Department of Rehabilitation Services. This results in a transfer of 23 positions, and \$7.8 million in the General Fund, and \$376,023 in the Insurance Fund in both FY 19 and FY 20.

Section 35 results in savings of approximately \$2.2 million in both FY 19 and FY 20 associated with maintaining the closure of Category 1 of the state-funded Connecticut Home Care Program for Elders (CHCPE).

Section 36 results in state savings of \$10.6 million in both FY 19 and FY 20 due to eliminating Graduate Medical Education (GME) payments under Medicaid. GME payments total approximately \$21.1 million after accounting for the federal share.

The Out Years

State Impact: None

Municipal Impact: None

OLR Bill Analysis**sHB 5038****AN ACT CONCERNING THE GOVERNOR'S BUDGET
RECOMMENDATIONS FOR HUMAN SERVICES.****SUMMARY**

This bill transfers to the Department of Rehabilitation Services (DORS) the functions, powers, duties, and personnel of the former state Department on Aging (SDA), which are currently within the Department of Social Services (DSS) as SDA's successor agency. The bill also transfers the Office of the Long-Term Care Ombudsman from the Office of Policy and Management (OPM) to DORS.

The bill assigns several aging-related programs to DORS. It adds DORS to several councils and commissions and requires other agencies to consult with DORS when performing certain aging-related tasks.

The bill also makes permanent a limit on eligibility for the state-funded portion of the Connecticut Home Care for Elders program (CHCPE) (see BACKGROUND). Current law limits eligibility for applications received in FYs 16 and 17 to those who require a nursing home level of care, with certain exceptions. The bill makes this limit permanent, effective July 1, 2018, but allows those enrolled in the program on June 30, 2018 to remain eligible (§ 35).

The bill also prohibits DSS from making Medicaid payments to hospitals for graduate medical education (§ 36) (see BACKGROUND).

EFFECTIVE DATE: July 1, 2018, except for (1) provisions transferring SDA and the Long-Term Care Ombudsman to DORS, which are effective upon passage and (2) a technical provision effective July 1, 2019

§§ 1-17, 23-34 — DSS AGING-RELATED FUNCTIONS TO DORS

General Provisions

The bill (1) transfers functions, powers, duties, and personnel of the former SDA (or any similar subsequent division) to DORS; (2) makes DORS, rather than DSS, a successor to SDA; and (3) adds DORS to the statutory list of executive branch agencies.

The bill also authorizes the governor, with the Financial Advisory Committee's approval, to transfer funds between DSS and DORS during FY 18 and eliminates a similar authorization for fund transfers between SDA and DSS. The bill adds services for older persons and their families to the types of services DORS must provide and requires the agency to describe such services in its annual report to the Governor.

Federal Older Americans Act (OAA) (§§ 2, 4, 11-15)

The bill designates DORS, rather than DSS, as the State Unit on Aging to:

1. administer, manage, design, and advocate for benefits, programs, and services for older people and their families under the OAA;
2. continuously study the conditions and needs of older people in the state for nutrition, transportation, home care, housing, income, employment, health, recreation and other matters;
3. be responsible, in cooperation with federal, state, local, and area planning agencies on aging, for the overall planning, development, and administration of a comprehensive and integrated social services delivery system for older people.

The bill requires DORS, rather than DSS, to

1. approve area plans developed by area agencies on aging to carry out OAA requirements;
2. equitably allocate federal funds received under the OAA to the five area agencies on aging;

3. inform the Aging and Human Services committees before seeking federal approval to spend more than the OAA allotted for administrative expenses;
4. report to the Appropriations and Human Services committees any findings or recommendations related to allocating OAA funds; and
5. adopt regulations to carry out OAA purposes, programs, and services.

The bill allows DORS, rather than DSS, to (1) make grants to municipalities for activities related to OAA and (2) use up to 5% of OAA funds for administrative expenses.

Municipal Agent for Elderly Persons (§ 8)

By law, municipal chief elected officials or executive officers must appoint a municipal agent for elderly persons to, among other things, disseminate information to elderly persons and assist them with applying for benefits. The bill requires DORS, rather than DSS, to adopt and disseminate guidelines to municipalities concerning such agents, and allows DORS, rather than DSS, to provide training for them. The bill transfers reporting requirements related to these agents from DSS to DORS.

Nutrition Programs for Elderly Persons (§§ 2, 9, & 33)

The bill designates DORS, rather than DSS, as the state agency for administration of nutritional programs for elderly persons. By law, these programs provide nutritionally sound diets to needy older persons. The bill requires DORS, rather than DSS to hold quarterly meetings with nutrition service stakeholders to, among other things, develop recommendations for the program.

Fall Prevention Programs (§§ 2, 10, 30, & 31)

The bill transfers the fall prevention program and authorization for its establishment from DSS to DORS. By law, the fall prevention program (1) promotes and supports research related to fall prevention;

(2) includes a professional education program in fall prevention, evaluation and management for certain health care providers; and (3) includes demonstration and research projects.

By law, the program is paid for by an assessment on domestic insurance companies. The bill requires DORS, rather than DSS, to notify the Insurance Commissioner and Healthcare Advocate if the program's expenditures are less than the amount collected.

CHOICES (§§ 2, 15)

The bill requires DORS, rather than DSS, to administer the CHOICES program, which provides free information and assistance related to health insurance issues and concerns of older people and other Medicare beneficiaries in Connecticut. The bill allows DORS, rather than DSS, to adopt regulations for the program.

Aging and Disability Resource Center Program (§§ 2, 17)

The bill requires DORS, rather than DSS, to develop and administer the Aging and Disability Resource Center Program, which is a single, coordinated system of information and access for individuals seeking long-term support. By law, the program must be administered in accordance with the OAA and as part of the CHOICES program described above.

Alzheimer's Respite Program (§§ 2, 27)

The bill requires DORS, rather than DSS, to operate an Alzheimer's respite program within available appropriations. By law, the program offers support services that provide short-term relief to caretakers of eligible individuals with Alzheimer's disease.

Connecticut Partnership for Long Term Care (§ 25)

The bill requires DORS, rather than DSS, to administer an outreach program to educate consumers on long-term care topics and provide public information to assist individuals with choosing appropriate insurance coverage.

Councils and Commissions (§§ 23, 26, & 34)

The bill adds the DORS Commissioner as a member of the Connecticut Alcohol and Drug Policy Council (§ 23) and the Council on Medical Assistance Program Oversight (MAPOC) (§ 34). The bill also adds one person from DORS, appointed by the DORS Commissioner, to the Long-Term Care Planning Committee (§ 26).

Consultations and Requirements Involving Other Agencies (§§ 1, 24, 28, & 29)

The bill requires other agencies to consult with DORS on various programs. Under the bill, the Housing Commissioner must consult with DORS about providing services under its congregate housing program. The bill also adds DORS to the agencies with which DSS may adopt regulations on nursing home financial reporting.

By law, the Long-Term Care Ombudsman must issue informational letters on patients' rights to accompany a nursing homes notice of terminating a service or decreasing bed capacity. The bill requires the ombudsman to issue the letter jointly with DORS, rather than DSS.

The bill requires the Department of Consumer Protection to collaborate with DORS, rather than DSS, on a public awareness campaign to educate elderly consumers and caregivers on ways to resist aggressive marketing tactics and scams.

§§ 18-22 — LONG-TERM CARE OMBUDSMAN

The bill transfers, from OPM to DORS, the Office of the Long-Term Care Ombudsman, thereby requiring DORS to:

1. appoint the State Long-Term Care Ombudsman, whose duties include identifying, investigating, and resolving complaints involving long-term care facilities;
2. adopt regulations related to the office; and
3. have authority to seek funding for the office from public or private sources.

BACKGROUND

Connecticut Home Care Program for Elders

CHCPE is a Medicaid waiver and state-funded program that provides a range of home- and community-based services for eligible individuals age 65 and older who are at risk of institutionalization. To be eligible for CHCPE, individuals must be under income and asset limits.

Graduate Medical Education

Support for graduate medical education generally refers to payments made to hospitals for costs incurred when training medical residents, including residents' and supervisors' salaries and costs of extra medical tests residents may order as part of their training. Medicare is the largest source of funding for GME, but states may also provide Medicaid payments for GME.

Related Bill

SB 151, reported favorably by the Aging Committee, requires DSS to provide retroactive eligibility for Medicaid-funded CHCPE services and change the timing of penalty periods imposed for transfer of assets for less than fair market value.

COMMITTEE ACTION

Human Services Committee

Joint Favorable

Yea 16 Nay 2 (03/16/2018)